

STATEMENT OF ECONOMIC INTERESTS



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PRACTICES COMMISSION  
COVER PAGE



BY: \_\_\_\_\_

Please type or print in ink.

NAME OF FILER (LAST) Welch (FIRST) Richard (MIDDLE) A.

1. Office, Agency, or Court

Agency Name  
City of Eastvale  
Division, Board, Department, District, if applicable  
City Council Member

► If filing for multiple positions, list below or on an attachment.

Agency: Jurupa Community Services District Position: Director of Parks/Community Affairs

2. Jurisdiction of Office (Check at least one box)

- ☐ State ☐ Judge or Court Commissioner (Statewide Jurisdiction)  
☐ Multi-County \_\_\_\_\_ ☒ County of Riverside  
☒ City of Eastvale ☐ Other \_\_\_\_\_

3. Type of Statement (Check at least one box)

- ☒ Annual: The period covered is January 1, 2012, through December 31, 2012.  
-or- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2012.  
☐ Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_  
☐ Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one)  
☐ The period covered is January 1, 2012, through the date of leaving office.  
☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.  
☐ Candidate: Election year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: \_\_\_\_\_

- ☐ Schedule A-1 - Investments - schedule attached ☐ Schedule C - Income, Loans, & Business Positions - schedule attached  
☐ Schedule A-2 - Investments - schedule attached ☐ Schedule D - Income - Gifts - schedule attached  
☐ Schedule B - Real Property - schedule attached ☒ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

herein and in any attached schedules is true and complete. I acknowledge  
I certify under penalty of perjury under the laws of the State of California

Date Signed 01/28/2013  
(month, day, year)

**SCHEDULE E**  
**Income - Gifts**  
**Travel Payments, Advances,**  
**and Reimbursements**

- You must mark either the gift or income box.
- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the \$440 gift limit, but may result in a disqualifying conflict of interest.

▶ NAME OF SOURCE (Not an Acronym)  
 Western Municipal Water District

ADDRESS (Business Address Acceptable)  
 14205 Meridian Pkwy

CITY AND STATE  
 Riverside, CA 92518

BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)  
 CA Special District

DATE(S): 11 / 09 / 12 - 11 / 10 / 12 AMT: \$ 350.00  
 (If gift)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☒ Other - Provide Description  
 Participated in Inspection trip of Hoover Dam and  
 Colorado River Aquaduct

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)

DATE(S): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ - \_\_\_\_ / \_\_\_\_ / \_\_\_\_ AMT: \$ \_\_\_\_  
 (If gift)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)

DATE(S): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ - \_\_\_\_ / \_\_\_\_ / \_\_\_\_ AMT: \$ \_\_\_\_  
 (If gift)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)

DATE(S): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ - \_\_\_\_ / \_\_\_\_ / \_\_\_\_ AMT: \$ \_\_\_\_  
 (If gift)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description

Comments: \_\_\_\_\_